SEEC FORM 20

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2015

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Page 1 of 17

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1. NAME OF COMMITTEE			Control of the Contro			
D'Amato for Council						
2. TREASURER NAME					T. British	
First		MI	Last	-	ANT C. St. See	Suffix
Jon		Р	FitzGerald			
3. TREASURER ADDRESS				e de la companya de l	and the	
Street Address		Ci			State	Zip Code
99 Gregory Rd		Ві	ristol		СТ	06010
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUG	HT (Complete or	nly if Candidate Committee)			6. DISTRICT NUMBER
(mm/dd/yyyy) 11/03/2015	City Council					(if applicable)
7. CANDIDATE NAME (Complete only if	Candidate or Explorator	y Committee)				
First		MI	Last			Suffix
Anthony		E .	D'Amato			
8. TYPE OF REPORT (Check One Box)						
O January 10 filing	7th day preced	ing primary	7th day preceding ref	ferendum (Initial Cont	ribution or Disbursement
April 10 filing	30 days follow	ing primary	O45 days following ref	ferendum	(PACs ONLY) Amendmen	
July 10 filing	7th day preced	ing election	O Deficit		Type of Rep	÷
October 10 filing	12th day prece		Termination			· · · · · · · · · · · · · · · · · · ·
O24 Hour Independent Expenditure OPrimary OElection	O45 days follow not held in No	ing election				
9. PERIOD COVERED					The state of the s	
	Beginning Dat	e e	Ending Da	ate		
	02/24/2015	÷.	thru 06/30/2015			
• • • • • • • • • • • • • • • • • • •					• •••	
10. CERTIFICATION						
I hereby certify and state, under policional Disclosure Statement for the per	enalties of false s	tatement, tha	t all of the information set e and complete.	forth on this I	temized Can	npaign Finance
1 x111/1		Jor	n P FitzGerald	·		an lands
TREASURE OR DEPUTY TREASURE	ER (SIGNATURE)	PRI	INT NAME OF SIGNER		 .	DATE (mm/dd/yyyy)

A person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.

Itemized Campaign Finance Disclosure Statement
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Revised January 2015

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
D'Amato for Council	July 10 2015	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		0
12. Balance on hand at the beginning of Reporting Period	0	
13. Contributions Received from Individuals (Sections A and B)	6200	6200
14. Receipts from Other Committees (Sections C1 and C2)	0	0
15. Other Monetary Receipts (Sections D through K)	0.49	0.49
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	6200.49	6200.49
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	0	0
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	6200.49	6200.49
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	6200.49	6200.49
19. Expenses Paid by Committee (Section P)	1775.80	1775.80
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	4424.69	44.24.69
21. In-Kind Donations not Considered Contributions Received (Section L4)	0	0
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	0	0
23. In-Kind Contributions Received (Section M)	0	0
24. Refundable Deposit to Telephone Company (Section N)	0	0
25. Loan Balance	0	
25a. + Loans Received (Section D)	0	0
25b. + Interest and Penalties on Loan	0	0
25c Payments on Loan	0	0
25d. Total Outstanding Loan Amount	0	
26. Campaign Expenses Paid by Candidate (Section Q)	152.96	152.96
27. Expenses Incurred on Committee Credit Card (Section R)	0	
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	632.44	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	632.44	The second secon

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
D'Amato for Council	July 10 filing
A. Total Contributions from Small Contributors-Received this Period ONL	<u> </u>
(See instructions for definition of Small Contributor) SUBTOTAL SECTION A	
	1576
B. Itemized Contributions from Ind	- 프로스 - 19 - 프로스 프로스 프로그램 프로그램 - 19 - 19 - 19 - 19 - 19 - 19 - 19 - 1
	MI
Residential Street Address Denise	State Zip Code
Principal Occupation Principal Occupation Name of England	· I ·
Name of Employer	•
Is contributor a lobbyist, spouse, Over If contribution is in excess of \$400 to a candidate for a chief execution of the contribution is in excess of \$400 to a candidate for a chief execution of the contribution is in excess of \$400 to a candidate for a chief execution of the contribution is in excess of \$400 to a candidate for a chief execution of the contribution is in excess of \$400 to a candidate for a chief execution of the contribution is in excess of \$400 to a candidate for a chief execution of the contribution of the contribution is in excess of \$400 to a candidate for a chief execution of the contribution of	England Canouse/Muser
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief exect does contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is a sample of the	utive officer of a municipality A mount of Contribution
valued at more than \$5,000? OYes Or	
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state contractor or prospective If yes, indicate which branch or branches	
	ive OLegislative
Method of Contribution: Date Received	Aggregate Contributions
OCash Personal Check OCredit/Debit Card OPayroll Deduction OMoney Order 3/30/15	50 50
Last Name First	MI
Residential Street Address Denise	
City	State Zip Code
Principal Occupation Name of Employer	T 06016
Traine of Employer	
Is contributor a lobby st, spouse, or dependent shild of a lobby st. \$\text{Spouse}. \text{ Yes If contribution is in excess of \$400 to a candidate for a chief executor dependent shild of a lobby st. \$\text{Spouse}.	Canobyel Museum
does contributor or business he/she is associated with have a contri	act with said municipality
valued at more than \$5,000? Yes ON Is this contribution associated with an Yes Is contributor a principal of a state contractor or prospective	
event reported in Section L1? No If yes, indicate which branch or branches	N₀
If yes, list Event # 051715A of government the contract is with: Executi Method of Contribution: Date Received	ve C Legislative Aggregate Contributions
Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 5/17/15	Aggregate Contributions 7 7
Last Name First	/3 &3
Alford Many	
Residential Street Address City	State Zip Code
15 Elm S+ Baistel	T 06010
Principal Occupation Name of Employer	7 7 0007 0
s contributor a lobbyist, speuse, Yes If contribution is in excess of \$400 to a candidate for a chief execu	
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief executed does contributor or business he/she is associated with have a contraction.	tive officer of a municipality, Amount of Contribution
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s this contribution associated with an event reported in Section L1? Yes No Yes Is contributor a principal of a state contractor or prospective s If yes, indicate which branch or branches	state contractor? OYes
If yes, list Event # No If yes, indicate which branch or branches of government the contract is with:	Ve () Legislative
Method of Contribution: Date Received	Aggregate Contributions
Cash Personal Check Ocredit/Debit Card OPayroll Deduction OMoney Order 3/24/15	50 50
SUBTOTAL Section B — Th	is Page /25
TOTAL of additional Section B	Pages 4705
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections (Enter total on Line 13, Column A of Summary Pag	

SEEC FORM 20 Revised January 2015

Section B ADDITIONAL PAGE 3c of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	
D 1 1 C	TYPE OF REPORT
A Total Course	7/10
A. Total Contributions from Small Contributors-Received this Period ON (See instructions for definition of Small Contributor) SUBTOTAL SECTION	LY S
B. Itemized Contributions from In	dividuals
Last Name First	М
1-1ford many	
Residential Street Address City	State Zip Code
Principal Occupation St. Bristo	1
Principal Occupation Name of Employer	1 06010
51/5	4
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400 to a condidate for a chief w	-cT
or dependent child of a lobbyist? No does contributor or business he/she is associated with have a co	ecutive officer of a municipality, ntract with said municipality No
Is this contribution associated with an Yes Is contributor a principal of a state contractor or prospective	
Wines, indicate which branch or branches	□ No I
Not be seen that the seen that	utive Legislative
□ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order	Aggregate Contributions
Last Name	100 50
First	MI
H5hmore Don Residential Street Address	
	State Zip Code
358 Matthews 5+ Bristel	J 06010
Principal Occupation Name of Employer	10, 10,000
Owner most	2-1-1-
Is contributor a lobbyist, spouse,	Petreleum
or dependent child of a lobbyist?	tract with said municipality
Is this contribution associated with an Yes Is contributor a principal of a state of the state	
We list Event # 05 17 6 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	□ No
Method of Contribution:	tive Legislative
Date Received	Aggregate Contributions
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First	MI
Barnes Ta Thomas	
Residential Street Address City	State Zip Code
1922 Perkins St Bristel	7 06010
Name of Employer	T 1060/0
Financial Adrison Riversia	10
s contributor a lobbyist, spouse. Tyes I f contribution is in excess of \$400 to a contributor.	de Investments
valued at more than \$5,000?	ract with said municipality
s this contribution associated with an Yes Is contributor a principal of a state contractor or prospective	
If yes, indicate which branch or branches	
Method of Contribution:	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	Aggregate Contributions
2 Ciculo Debit Card El Payron Deduction El Money Order 05/17/15	150 150
SUBTOTAL Section B — T	his Page 4/50
TOTAL of additional Section	B Pages
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Section (Enter total on Line 13, Column A of Summary Pa	ns A + B)
Lanci on Line 13, Column A of Summary Pa	ige voiais)

SHEC FORM 20 Reviet January 2015

Section B ADDITIONAL PAGE 35 of 1

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
D10 1 0 +	57/
A. Total Contributions from Small Contributors-Received this Period ONLY	7//0
(See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$
B. Itemized Contributions from Individ	luals
Last Name First	MI
Residential Street Address Residential Street Address)
City	State Zip Code
Principal Occupation Name of Employer	C1 04791
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or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract we valued at more than \$5,000?	officer of a municipality
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state contractor or prospective state of the section L1? No If yes; indicate which branch or branches	□ No I
Method of Contribution:	
☐ Cash	aggregate Contributions
Last Name	250 250
First	MI
Residential Street Address Anton	
	State Zip Code
Principal Occupation Rear Hill Rd Bristol	CT 06010
retige!	
Is contributor a lobbyist, spouse,	fficer of a municipality
valued at more than \$5,000?	fficer of a municipality, Amount of Contribution th said municipality
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state c	ontractor?
If yes, list Event # 05/7/1/4 If yes, indicate which branch or branches of government the contract is with:	□ No I
Method of Contribution:	gregate Contributions
Personal Check	
Last Name First	100 100-
Cockarae	MI
Residential Street Address City	
93 Tull P1	State Zip Code
Principal Occupation Name of Employer	CT 06010
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s contributor a lobbyist, spouse,	ficer of a municipality, amount of Contribution said municipality
s this contribution associated with an Yes Is contributor a principal of a state contractor or prospective state contributor.	ntmeter? CIV.
If yes, list Event #	□ N ₀
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SUBTOTAL Section B — This Pag	ge (000
TOTAL of additional Section B Page	1000
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + 1 (Enter total on Line 13, Column A of Summary Page Total	B)
(2.11. on Line 13, Comm A of Summary Page Total	(5)

SHEC FORM 20 Revised January 2015

Revised January 2015 Se	ection B ADDITIONAL]	PAGE 30	of 1	
NAME OF COMMITTEE (Provide Complete			TYPE OF REPORT	
D'Anto	for Council		151	
A. Total Contributions from (See instructions for definition of Sn	1 Small Contributors-Received	this Period ONLY	\$	
, error nonconstyor dejunitor by Su	SUB SUB	TOTAL SECTION A	1	
	D 74 1 G			
Last Name	B. Itemized Contri	butions from Indiv	iduals	
Residential Street Address		William		М
36 Ruttand	Res City	Ster Ruck	_	State Zip Code
Principal Occupation		Name of Employer		10/95 2
Is contributor a lobbyist, spouse,		1 NG46	holesale S.	pply
or dependent child of a lobbyist? \(\overline{\mathcal{D}}\) No		andidate for a chief executiv	re officer of a municipality	Amount of Contribution
event reported in Section L1?	Yes Is contributor a principal of a state of No If yes, indicate which branch or	ontractor or prospective stat	te contractor?	1
If yes, list Event #	of government the contract is wi	ith:	☐ No ☐ Legislative	
Method of Contribution: Cash Capersonal Check Credit/Debit	Card Dayrall Deduction DA O. J.	Date Received	Aggregate Contributions	
Last Name		7/6/15	250	250
D'Amato		Alabase		MI
Residential Street Address	City	TIPHONE	2	state Zip Code
Principal Occupation	rd Lu	BRISTOL		AT 06010
retine!		Name of Employer		
s contributor a lobbyist, spouse, Son dependent child of a lobbyist?	If contribution is in excess of \$400 to a can does contributor or business he/she is assoc valued at more than \$5,000?	Indidate for a chief executive ciated with have a contract to Yes \text{No}	officer of a municipality, with said municipality	Amount of Contribution
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Method of Contribution:			Aggregate Contributions	
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D'Amato	Fin	st di si s		MI
esidential Street Address	City	CMMIS	Si	ate Zip Code
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tracles		Name of Employer	0. –	
contributor a lobbyist, spouse, Yes	If contribution is in excess of \$400 to a cano	didate for a chief executive	BOE	
dependent child of a lobbyist?	does contributor or business he/she is associ valued at more than \$5,000?	iated with have a contract w	ith said municipality	Amount of Contribution
this contribution associated with an vent reported in Section L1?	Yes No Is contributor a principal of a state con If yes, indicate which branch or be of government the contract is with	tractor or prospective state	N₀	
dethod of Contribution:			Legislative Aggregate Contributions	
Cash Personal Check Credit/Debit C	ard □ Payroll Deduction □ Money Order	5/11/15	80	80
	SUBTOTAL	L Section B — This P	age L/	05
	TOTAL of add	ditional Section B Pa	ges /	
TOTAL OF A	LL CONTRIBUTIONS FROM INDIV (Enter total on Line 13, Colum	VIDUALS (Sections A -	+ B) tals)	

SEEC FOR 31 20 Revised January 2015 Section B ADDITIONAL PAGE 5 NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT FOR Council Ü A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A B. Itemized Contributions from Individuals Last Name Zip Code Owner Is contributor a lobbyist, spouse, ☐ Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, Amount of Contribution or dependent child of a lobbyist? does contributor or business he/she is associated with have a contract with said municipality ∠Q'No valued at more than \$5,000? ☐ Yes \square No Is this contribution associated with an Is contributor a principal of a state contractor or prospective state contractor? 一Yes event reported in Section L1? □ No If yes, indicate which branch or branches If yes, list Event # of government the contract is with: ☐ Executive ☐ Legislative Method of Contribution: Aggregate Contributions Cash Personal Check Credit/Debit Card Payroll Deduction Money Order City Is contributor a lobbyist, spouse, ☐ Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, **Amount of Contribution** or dependent child of a lobbyist? .Q√No does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? ☐ Yes ☐ No Is this contribution associated with an Yes Is contributor a principal of a state contractor or prospective state contractor? event reported in Section L1? No If yes, indicate which branch or branches If yes, list Event # of government the contract is with: ☐ Executive ☐ Legislative Method of Contribution: Date Received ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order Is contributor a lobbyist, spouse, If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, ☐ Yes or dependent child of a lobbyist? No. does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? ☐ Yes ☐ No Is this contribution associated with an ☐ Yes Is contributor a principal of a state contractor or prospective state contractor? ☐Yes event reported in Section L1? No. If yes, indicate which branch or branches □ No If yes, list Event # of government the contract is with: ☐ Executive ☐ Legislative Method of Contribution: Date Received Aggregate Contributions ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order SUBTOTAL Section B — This Page

TOTAL of additional Section B Pages

(Enter total on Line 13, Column A of Summary Page Totals)

TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)

Section B ADDITIONAL PAGE 30 of 1

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
D'Anto Son Council	7/10
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	
B. Itemized Contributions from Indi	viduals
Last Name First	MI
Residential Street Address Residential Street Address	
City City	State Zip Code
Principal December Court Canton	CT 060/9
Name of Employer	
Is contributor a lobbyist, spouse,	DRISCOIL INS. Co
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief execut does contributor or business he/she is associated with have a contra valued at more than \$5,000?	ct with said municipality
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state contractor or prospective state of the section L1? If yes; indicate which branch or branches	ate contractor?
Method of Contribution: Date Received	E
□ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order	
Last Name First	250 250
Fitz Genald Jon Residential Street Address	MI
ICity	State Zip Code
Principal Occupation Name of Employer	CT 06010
Atomos haw office	of Jon PFitz Les (1)
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief execution does contributor or business he/she is associated with have a contract valued at more than \$5,000?	ve officer of a municipality Amount of Contribution
s this contribution associated with an Yes Is contributor a principal of a state contractor or progressive at	ate contractor?
No If yes, indicate which branch or branches	□ No
### ### ### ### #### #################	Legislative
□Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ 2/20/	Aggregate Contributions
lost Name	100 /00
First Jon	MI
Residential Street Address City	State Zip Code
79 Gregon Rd Baistal	
Principal Occupation Name of Employer	CT 06010
Attorney be offer	de Br. Co.
s contributor a lobbyist, spouse, Yes If contribution is in excess of \$400 to a candidate for a chief executive	
does contributor or business he/she is associated with have a contract valued at more than \$5,000?	c officer of a municipality, Amount of Contribution with said municipality
s this contribution associated with an Section L1? Yes Is contributor a principal of a state contractor or prospective state. When indicate which because or branches.	te contractor?
Went reported in Section L1? If yes, indicate which branch or branches of government the contract is with:	□ No
Method of Contribution: Date Received	Legislative Aggregate Contributions
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order 3/3/1	125 25
SUBTOTAL Section B — This	
TOTAL of additional Section B I	3 273
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A	A + B)
(Enter total on Line 13, Column A of Summary Page	Totals)

Revied January 1815	Sect	on B ADDITIONAL PAGE 3F of /7	7		
NAME OF COMMITTEE (Provide Co	mplete Nau	e as Registered with Filing Repository) TYPE OF RE	nonm.		
D'Ano	to 5	THE COLOR	PORT		
A. Total Contributions	from Sr	Iall Contributous Desire Late	Ü	,	
(See instructions for definition	of Small (ontributor) SUBTOTAL SECTION A \$			
		B. Itemized Contributions from Individuals			•
Last Name		First First			
Residential Street Address		4211:0			MI
Principal Occupation		City		State	Zip Code
Principal Occupation		City City PRN v. //c Name of Employer	- 1	CT	
		Name of Employer			
	Yes I	contribution is in excess of \$400 to a candidate for a chief executive officer of a mun			
	No d	dued at more than \$5,0002	icipality, ality	Amou	ent of Contribu
Is this contribution associated with an event reported in Section L1?	☐ Ye	Is contributor a principal of a data	∃ Yes		•
1) yes, list Event#	.∏_No		J No		•
Method of Contribution:		Edgislative	tions	l	•
☐ Cash 中Personal Check ☐ Credit/☐	Debit Card	□Payroll Deduction □Money Order 6/3/15 /00	-	,	00
March.		First			MI
Residential Street Address J		Thomas			
Principal Occupation	lin	City	Sta	itc Z	Zip Code
	1	Name of Employer		万	06010
Retired					
Is contributor a lobbyist, spouse, Yor dependent child of a lobbyist?		ntribution is in excess of \$400 to a candidate for a chief executive officer of a munici	nality	4	
s this contribution	valu	ed at more than \$5,000? \square Yes \square No	ty	Amount	t of Contribution
event reported in Section 1.19	□ Yes ☑ No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches	Yes		
If yes, list Event #			No		
Cash Dersonal Check Ccedit/Del	it Card ☐	Payroll Deduction Date Received Aggregate Contribution	15		
ast Name .				25,	70
esidential Street Address		First			MI
		City			
incipal Occupation	udri	12 Rd New Bat	State	Zip	Code
		Name of Employer	<u> 10</u>	<u></u>	
contributor a lobbyist, spouse, Yes	175				
dependent child of a lobbyist?	does	ribution is in excess of \$400 to a candidate for a chief executive officer of a municipal ontributor or business he/she is associated with have a contract with said municipality at more than \$5,000?	ality, A	mount o	of Contribution
this contribution associated with an		D 18 D 190	' l.		
ent reported in Section 7.10	No	If yes, indicate which branch or branches			
thod of Contribution:		of government the contract is with:	10		
Cash Personal Check Credit/Debit	Card []	ayroll Deduction	- 1		• •
		19/39/15 / 700		100	<u> </u>
		SUBTOTAL Section B — This Page	70		
		TOTAL of additional Section B Pages			
TOTAL OF	ALL CO	NTRIBUTIONS FROM INDIVIDUALS (S S			

TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)
(Enter total on Line 13, Column A of Summary Page Totals)

SEEC FORM 29 Refered Juneary 1815 Section B ADDITIONAL PAGE 36 of 17	
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT	
D'Anto Son Council 7/10	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A \$	
B. Itemized Contributions from Individuals	
Last Name First MI	
Residential Street Address	
City State Zip Code	
Principal Occupation Bristo) T 06010	
Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, Amount of Contribution.	
or dependent child of a lobbyist? No does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	'n
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative	
Method of Contribution: Date Received Aggregate Contributions	
□ Cash Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order 3/8/15 100 100	
Last Name Spiret	\dashv
Residential Street Address MI	
City State Zip Code	┨
Principal Occupation CT 06010	
Name of Employer D'Anato Construction	
s contributor a lobbytst, spouse, Li Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality.	4
does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	1
sthis contribution associated with an very sent reported in Section L1? If yes, list Event # 05/17/15 \text{ No of government the contract is with: } Executive \text{ Executive } \text{ Legislative }	
of government the contract is with: Executive Legislative Method of Contribution: Date Received Aggregate Contributions	
Cash Dersonal Check Credit/Debit Card Payroll Deduction Money Order 5/17/15 150	
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esidential Street Address Kunt	
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(Enter total on Line 13, Column A of Summary Page Totals)

Section B ADDITIONAL PAGE NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT on Counci A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A \$ B. Itemized Contributions from Individuals Last Name State Zip Code 06010 Is contributor a lobbyist, spouse, Yes No Le contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, Yes or dependent child of a lobbyist? does contributor or business he/she is associated with have a contract with said municipality Amount of Confribution Is this contribution associated with an ☐ Yes Is contributor a principal of a state contractor or prospective state contractor? \square No event reported in Section L1? ₽ Yes If yes; indicate which branch or branches □ No If yes, list Event# of government the contract is with: □ No Method of Contribution: ☐ Executive ☐ Legislative ☐ Cash 中 Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order Date Received Aggregate Contributions Last Name City State Zip Code 0601 Is contributor a lobbyist, spouse, ☐ Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, or dependent child of a lobbyist? does contributor or business he/she is associated with have a contract with said municipality A-No Amount of Contribution Is this contribution associated with an ☐ Yes ☐ No ☐ Yes Is contributor a principal of a state contractor or prospective state contractor? event reported in Section L1? A No If yes, indicate which branch or branches If yes, list Event # ☐ Yes of government the contract is with: Method of Contribution: □ No ☐ Executive ☐ Legislative ☐ Cash Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Moncy Order Date Received Aggregate Contributions 00 City State Zip Code 06010 s contributor a lobbyist, spouse, If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, ☐ Yes r dependent child of a lobbyist? does contributor or business he/she is associated with have a contract with said municipality Amount of Contribution this contribution associated with an ☐ Yes ☐ No Yes Is contributor a principal of a state contractor or prospective state contractor? vent reported in Section L1? □ No If yes, list Event # If yes, indicate which branch or branches □Yes of government the contract is with: fethod of Contribution: ☐ Executive ☐ Legislative I Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received Aggregate Contributions SUBTOTAL Section B — This Page TOTAL of additional Section B Pages TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)

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SEEC FORM 20 Revised January 2015 Section B ADDITIONAL PAGE 3 NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A B. Itemized Contributions from Individuals Last Name Zip Code If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, ☐ Yes or dependent child of a lobbyist? .₽No does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? ☐ Yes \square No Is this contribution associated with an Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes event reported in Section L1? If yes, indicate which branch or branches #I No If yes, list Event # of government the contract is with: ☐ Executive ☐ Legislative Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order Aggregate Contributions 06010 Is contributor a lobbyist, spouse, If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, ☐ Yes or dependent child of a lobbyist? does contributor or business he/she is associated with have a contract with said municipality AT-No Amount of Contribution valued at more than \$5,000? ☐ Yes Is this contribution associated with an Is contributor a principal of a state contractor or prospective state contractor? Yes event reported in Section L1? ☐ Yes If yes, indicate which branch or branches If yes, list Event # of government the contract is with: ☐ Executive ☐ Legislative Method of Contribution: Date Received Aggregate Contributions Last Name State Zip Code If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, ☐ Yes or dependent child of a lobbyist? ₽'n does contributor or business he/she is associated with have a contract with said municipality Amount of Contribution valued at more than \$5,000? ☐ Yes ☐ No Is this contribution associated with an ☐ Yes Is contributor a principal of a state contractor or prospective state contractor? event reported in Section L1? obl∕ № □Yes If yes, indicate which branch or branches If yes, list Event # of government the contract is with: Method of Contribution: ☐ Executive ☐ Legislative ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order Aggregate Contributions D SUBTOTAL Section B — This Page

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(Enter total on Line 13, Column A of Summary Page Totals)

TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)

SEEC FORM 20 Revised January 2015 Section B ADDITIONAL PAGE 3; of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
D'Amato for Council	July 10
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$
$\mathbf{p} \cdot \mathbf{n}$	
B. Itemized Contributions from Indivi	duals
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28 / 1 / City	State Zip Code
Principal Occupation Name of Employer	06010
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Name of Employer	
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Section B ADDITIONAL PAGE 3k of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	
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SUBTOTAL SECTION A	\$
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	State Zip Code
19 Muchasen Ave Bristol	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
Name of Employer	G 06010
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I. MONETARY RECEIPTS (Sections A-K)

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City		State	Zip Code	Date Recei	If yes, list	Aggregate Contributions		•
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Per Public Act 11-48, Anonymous Contributions may no longer be deposited in *any* amount. If a committee receives an anonymous contribution, the campaign treasurer shall immediately remit the contribution to the State Elections Enforcement Commission for deposit in the General Fund.

NAME OF COMMITTEE (Provide Complete Name a.	s Registered with Esting Possible Programme Section			Page 7 of 17
D'Amato for Council	s registered with riting Repository)		OF REPORT	
			0 filing	
Name of Institution	. Interest from Deposits in Authorized Acco			
		Date Re	ceived	Amount
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	TOTAL SECTION K			3 49
SUMMARY OF	OTHER MONETARY RECEIPTS (Section			<i>3</i> . / /
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tal Receipts from Entities other than Individu	ul- ou c	-	·	0
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tal Amount of Personal Funds of the Candida	te Received this Period (Section H)	+		0
tal Amount of Interest from Deposits in Autho				0
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tal Miscellaneous Monetary Receipts not Cons		+ ·	L Ó	.49
(Add Sections D	Total of Other Monetary F	Receipts		1 / 2
Cara Sandia D	through K) (Enter total on Line 15, Column A of Summary F	Page Totals)	\mathcal{O}_{ϵ}	4/9

NAME OF COLOR (IMPER)	ATTITI (Sections LI-	–L3)	1 ags 0 01 17
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Reposite D'Amato for Council	ony)	TYPE OF REPORT	
Property of the Control of the Contr	Stane Secretaria	July 10 filing	
Event# Description	ent Information		
Date of Event Letter Description			Was this a fundraising eve
Location: Street Address	City		Yes ONo
150 Central St	Forestrille		State Zip Code
Subpart 1: (All Committees)			13 060)
Was this event hosted at a personal residence?	No purchases made by nos	use Party and complet	e required information for an
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?	Yes (If yes, go to Section L and complete required	4 In-Kind Donations rinformation.)	not Considered Contributions
Was this fundraiser a tag sale, auction, or other sale of donated items	OYes (If yes, enter Total Reco	eipts here.)	·
with purchases from an individual of up to \$100?	Ø No		\$
Subpart 2: (Party Committees, Municipal Candidates and Political Con- Were there purchases of advertising space in a program book or or or	nmittees other than Exploratory	Committees)	
sign associated with this fundraiser?	O Yes (If yes, go to Section L3 or on a Sign and comp	Purchases of Adverti	sing Space in a Program Book tion.)
Subpart 3: (Town Committees ONLY) Did your committee sell food or beverage at a fair or similar mass	O		
gathering held within the state with this fundraiser?	OYes (If yes, enter Total Rece	ipts here.)	\$
nlps	ONo		*.
Event # Description Date of Event Letter			
Letter 1			Was this a fundraising event OYes ONo
ocation: Street Address	City		
			State Zip Code
Subpart 1: (All Committees)			
Was this event hosted at a personal residence?	Yes (If yes, go to Section L5) Associated with a House purchases made by host(s	e Party and complete i	required information for any
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?	Yes (If yes, go to Section L4 and complete required in No	In-Kind Donations no formation.)	t Considered Contributions
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	Yes (If yes, enter Total Recei		
	O No	i	B
ubpart 2: (Party Committees, Municipal Candidates and Political Comm Vere there purchases of advertising space in a program book or on a ign associated with this fundraiser?	O Yes (If yes, go to Section L3 P	urchases of Advertising	ng Space in a Program Book
ubpart 3: (Town Committees ONLY)	O _{No}		
id your committee sell food or beverage at a fair or similar mass athering held within the state with this fundraiser?	OYes (If yes, enter Total Receip	ts here.)	
SUBTOTAL Section L1_Subsect (All Country) T. ALD	ON₀	· · · · · · · · · · · · · · · · · · ·	
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts fr		Paris Station.	\bigcirc
SUBTOTAL Secti Total Recei	ion L1—Subpart 3 <i>(Town Committee</i> ipts from Food Purchases — Th	s ONLY) is Page	5
	TOTAL of additional Section L	1 Pages	
TOTAL OF ALL RECE	IPTS FROM SMALL PURC	HASES	3
(Enter total on	Line 16a, Column A of Summary Pa	ge Totals)	

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. Section L2. removed NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) D'Amato for Council TYPE OF REPORT July 10 filing L3. Purchases of Advertising in a Program Book or on a Sign Name of Purchaser Purchase Made By: Business Entity Other Street Address O Individual/Sole Proprietorship City Zip Code Date Received Event # Aggregate Purchases for All Events Amount of Program Ad Purchase Amount of Sign Purchase Name of Purchaser Purchase Made By: OBusiness Entity Other Street Address O Individual/Sole Proprietorship City State Zip Code Date Received Event # Aggregate Purchases for All Events Amount of Program Ad Purchase Amount of Sign Purchase Name of Purchaser Purchase Made By: O Business Entity Other Street Address O Individual/Sole Proprietorship Zip Code Date Received Event # Aggregate Purchases for All Events Amount of Program Ad Purchase **Amount of Sign Purchase** Name of Purchaser Purchase Made By: Business Entity Other Street Address O Individual/Sole Proprietorship City Zip Code Date Received Event # Aggregate Purchases for All Events Amount of Program Ad Purchase Amount of Sign Purchase Name of Purchaser Purchase Made By: Business Entity Other Street Address O Individual/Sole Proprietorship City Zip Code Date Received Event # Aggregate Purchases for All Events Amount of Program Ad Purchase Amount of Sign Purchase SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page TOTAL of additional Section L3 Pages TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN (Enter total on Line 16c, Column A of Summary Page Totals)

	ITTEE (Provide Complete Nat	ne as Registerea with Filing Re	epository)		TYPE OF REI	OODT	. 31. 4	jaar tija ja ja ja
D'Amato for Cou	ncil				July 10 filing			
		L4. In-Kind Donat	ions Not Con	sidous d Co. 4 il			Steam Town	
Vame of Donor	*	Donat	ions 110t Con	sidered Contrib	utions			
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Oonation Given By:	Description of Donation							
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NAME OF COMMITTEE	(Provide Complete Name as Regi	istered with Filing Par	10 mit com l				
D'Amato for Council		morea wiii i unig Kep	osnoryj		TYPE OF R		
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D'Amato for Council	•				July 10 filing		
			M. In-Kind Co	ntributions			en de la companya de La companya de la co
Name							
Street Address		•	·	•			
	· · ·	•		City		State	Zip Code
Type of contributor: Committee	Date Rec	i 4		· .			1
OIndividual / Sole Proprietorship Oother		eivea	Aggregate Contributions	Description of In-	Kind Contribution		
Is contributor a lobbyist, spouse, Yes		ribution is i	n avecas of \$400 /		-		,
or dependent child of a lobbyist? O No	does co	ontributor o at more tha	r business he/she is associa in \$5,000?	ieu with nave a contra	tive officer of a municipality ct with said municipality		Aarket Val
Is this contribution associated with an event reported in Section L1?	Q Yes	Is contrib	outor a principal of a state of	ontractor or prospecti		of this	Contribut
If yes, list Event #	O No	-77500	r, indicate which branch or rernment the contract is with	branches	- A	Yes No	
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treet Address				City			
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Individual / Sole Proprietorship Other							
s contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contr	ibution is in	excess of \$400 to a candid	date for a chief execut	ive officer of a municipality	Foir M	arket Valu
		at more that		ed with have a contract of Yes \(\mathcal{O} \) No	ct with said municipality		earket van Contribution
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Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize receipt of organization expenditures from Legislative Leadership, Legislative Caucus or Party Committees. Section O removed. IV. EXPENDITURES (Sections P-T) Page 13 of 17 NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT D'Amato for Council July 10 filing P. Expenses Paid by Committee Name of Payee Method of Payment: United Bank Street Address Check # O Debit Card Bristol CI 06010 Check onden, depost 5+cmp

Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) BNK Amount Expenditure #
(if applicable) None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization OA OBOCOD

Date of Payment Name of Payee A & E Engraving
Street Address Bristol 06010 CT Expenditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure) Independent Coordinated without reimbursement sought (in-kind contribution) 31.51 Organization OA OB OC OD Name of Payee Method of Payment:
Check # / O EFT Anthony D' 220 Morningside DRE Bristol 06010 Expenditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure) Independent 29.40 Coordinated without reimbursement sought (in-kind contribution) Organization A O B O C O D Name of Payee Method of Payment: Thinteenth Floor Graphics & Printing
Street Address City Check # 1003

Debit Card DEFT

State Zip Code 06010 Purpose of Expenditure Amount FNOR Expenditure # (if applicable) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure) Independent Coordinated without reimbursement sought (in-kind contribution) Organization A OB OC OD SUBTOTAL Section P — This Page

TOTAL of additional Section P Pages

TOTAL OF ALL EXPENSES PAID BY COMMITTEE

(Enter total on Line 19, Column A of Summary Page Totals)

SEEC FORM 20 Restred January 2015	Section PADDITIONAL PAG	$E \mid 3\alpha \text{ of } 17$	
NAME OF COM	MITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
\downarrow D	Amato So- Council	7/10	
N. CD	P. Expenses Paid by (Committee	
Name of Payee Street Address	n P FitzGers/	Date of Payment	Method of Payment: Define Card EFT
99 Purpose of Expendit	SREGORY RJ City TO Description	215-101	State Zip Code OG 0/0
(by code) Expenditure #	Tuna of Bunardian (Marris day)	Event #	Amount
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Street Address	le Observer	Date of Payment 5/6/15	Method of Payment: Check # 005 Debit Card EFT
Purpose of Expenditur (by code)	3 Spring St Sout	Lington Event#	State Zip Code T 06489 Amount
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Name of Payee	I I Coordinated without role-burners to the state of the	☐ Independent ☐ Organization: O A O B O C O D	239.03
One F Street Address	ifty Certral Restaurant	Date of Payment 5/18/15	Method of Payment: Check # 10 6666666666666666666666666666666666
150 C	tentrel St Fore	-strille	State Zip Code C
(by code) FND/2	Four J	Event# 051715A	Amount
Expenditure # (if applicable)		he below" is checked) Independent	oc oc
Name of Payee	(in-kind contribution)	Organization: O A O B O C O D	1000
Pe La	City City	Date of Payment	Method of Payment Check # 00.7 Debit Card
Purpose of Expenditure	Rock. St Bris	Event#	CT 06010
(by code) FNDN Expenditure #	A-Signs	0517151	Amount
(if applicable)	I I I COULDINIED WILDOUT reimburgement court 4 to to the court	e below" is checked) Independent Organization: OAOBOCOD	84.01
		ction P — This Page 13	58.12
		onal Section P Pages	
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SEEC FORM 20 Reductionary 2015 Section PADDITIONAL PAGE NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT P. Expenses Paid by Committee Name of Payee Date of Payment Method of Payment: 17 Check # 1000 06010 62.12 Expenditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Coordinated with reimbursement sought (joint expenditure) ☐ Independent Coordinated without reimbursement sought (in-kind contribution) ☐ Organization: ○ A O B O C O D Name of Payce Date of Payment Method of Payment: Zi Check # / 00 ☐ Debit Card Street Address Purpose of Expenditure Description (by code) Amount Expenditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure) ☐ Independent Coordinated without reimbursement sought (in-kind contribution) ☐ Organization: o A o B o C o D Name of Payce Method of Payment: ☑ Check # / O / O Debit Card Zip Code 06010 Purpose of Expenditure (by code) Amount FNDR Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent Coordinated without reimbursement sought (in-kind contribution) ☐ Organization: o A o B o C o D Name of Payce Date of Payment Method of Payment: ☐ Check # ☐ Debit Card □ EFT Street Address City Zip Code Purpose of Expenditure Description Event # (by code) Expenditure # (if applicable) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☐ None of the below Coordinated with reimbursement sought (joint expenditure) ☐ Independent Coordinated without reimbursement sought (in-kind contribution) ☐ Organization: o A OBOC SUBTOTAL Section P - This Page TOTAL of additional Section P Pages TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)

SEEC FORM 20 Retird January 2015	Section PADDITIONAL PAGE 13c	of 17		
NAME OF COM	MITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT		
1)	Amato Sor Council	7110		
	P. Expenses Paid by Committee			
Name of Payee		Date of Payment	Method of	f Payment:
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	TOTAL OF ALL EXPENSES PAID BY COMMITTE	E		
	(Enter total on Line 19, Column A of Summary Page Total	s)		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repo	ository)	TYPE OF REPORT	
D'Amato for Council		July 10 filing	
Q. Campaign	Expenses Paid by Can		
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)	eren (≛rene ekono), johin (. 17 9 e ge j) aa	Date of Payment	Is reimbursement claimed
Street Address		3/25/15	Yes O No
Street Address	City	13/25/15	
1511/ Main 51			State Zip Code
Purpose of Expenditure Description	Bristol		CT 06010
(by code)		Event #	Amount
POST			29.40
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed
Street Address		04/01/15	Yes O No
Street Address	City	10 / 1/13	State Zip Code
Purpose of Expenditure Description Description	Beistol		10
	1361210	Event #	CT 06010
FUDA Envelupes			Amount
Name of Payce (Name of Vendor, Person or Entity Who candidate paid directly)		0517151	2/26
		Date of Payment	Is reimbursement claimed?
Greet Address		05/06/15	Yes O No
	City		State Zip Code
urpose of Expenditure Description	Basty		CJ 06010
w code)		Event #	Amount
ame of Payee (Name of Vendor, Person or Entity who candidate paid directly)		051715A	19.60
ame of Payee (Name of Vendor, Person or Endly who candidate paid directly)		Date of Payment	Is reimbursement claimed?
Staples treet Address		5/1/15	Yes O No
treet Address	City	1 9775	
871 500			
27/ Varmington Ave	Bristof	Event #	CT OGO18
y code)		Event#	Amount
TO SED (Chock		05/715A	2126
ame of Payee (Name of Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?
reet Address		6/22/15	X Yes O No
	City		State Zip Code
1400 Farminton Ave	Bristel		CT 06010
rpose of Expenditure Description	.	Event #	Amount
Office			
me of Payee.(Name of Vendor, Person or Entity who candidate paid directly)		Date of Payment	22.24
US Pastingter		Date of Payment	Is reimbursement claimed?
eet Address	City		XYes O No
15/1/2			State Zip Code
pose of Expenditure Description	Bristel		Ct 06010
code)		Event#	Amount
105+			39.20
	SUBTOTAL Section Q —	This Page	52.56
T	OTAL of additional Section	i Q Pages	
TOTAL OF ALL EX	PENSES PAID BY CAN	DIDATE	
(Enter total on L	ine 26, Column A of Summary	Page Totals) /5	2.96

NAME OF COMM	ITTEE (Provide Complete Name as Registered with Filing Re	CARLO CONTRACTOR CONTRACTOR		
D'Amato for Co	uncil	epository)	TYPE C July 10	OF REPORT
	D Evnouses I			illing
Name of Issuing In	estitution	curred on Commit		
		Type of Credit Ca		
		O Visa	Master Card Discov	ver OAmerican Express OOther:
Name of Vendor, Perso	on or Entity			Date of Transaction
		•		
Street Address		City		State Zip Code
				Jane Zip Code
urpose of Expenditure	Description	·	Event #	
by code)			Event #	Amount
Expenditure # if applicable)	Type of Expenditure (Itemization in Addendum R Re	auired unless "None of the	helow" is chacked)	
	O None of the below Coordinated with reimbursement sought (joint Coordinated without reimbursement sought (in-	expenditure)	Independent Organization: A B	Ос Ор
lame of Vendor, Person	n or Entity			Date of Transaction
treet Address		City		State Zip Code
rpose of Expenditure	Description		Event #	
, codo,				Amount
kpenditure #	Type of Expenditure (Itemization in Addendum R Req	wired unlang "None of the	1.1. ((: 1.1.)	
	None of the below Coordinated with reimbursement sought (joint e Coordinated without reimbursement sought (in-l	expenditure)) Independent Organization (A B	Ос Ор
me of Vendor, Person	or Entity			Date of Transaction
eet Address				
		City		State Zip Code
· ·				
pose of Expenditure code)	Description		Event #	Amount
penditure #				
pplicable)	Type of Expenditure (Itemization in Addendum R Required None of the below Coordinated with reimbursement sought (joint expected Coordinated without reimbursement sought (in-kit)	spenditure)	is checked) Independent Organization: A B	Oc Op
		SUBTOTAL Section		
	7	ΓΟΤΑL of additional S	ection R Pages	
TO	TAL OF ALL EXPENSES INCURRED (REDIT CARD	
		e en language ar de la colonia dependancia de la China.	- e. e. Al Mily Marie Co.	

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Reposito	לטינו	TYPE OF REPORT	
D'Amato for Cou			July 10	
	S. Expenses Incurred by Cor	nmittee but Not Paid	During this Period	
Name of Creditor Anh	my D'Anato			Date Incurred
2201	Moaningside Dr E	Baist		State Zip Code CI 06010
Purpose of Expenditure (by code)	Description Office - Walmant		Event #	Amount Incurred (Estimate or Actual)
Expenditure # (if applicable) Name of Creditor	Type of Expenditure (Itemization in Addendum S Require None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought)	Indepe		22.24
Λ	ony D'Amato			Date Incurred 6/24/15
Purpose of Expenditure	Description	Saut.	Event #	State Zip Code Obolo
(by code) RCW Expenditure #	Postan			Amount Incurred (Estimate or Actual)
(if applicable)	Type of Expenditure (themization in Addendum S Required None of the below Coordinated with reimbursement sought (joint expend Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought)	Indeper		3920
Name of Creditor Aircet Address		City		Date Incurred 6/24/15 State Zip Code
275 Zerose of Expenditure by code)	Description	Baistel	Event #	Amount Incurred (Estimate or Actual)
PANT Expenditure # (f applicable)	Type of Expenditure (Itemization in Addendum S Required None of the below Coordinated with reimbursement sought (joint expend Coordinated without reimbursement sought (in-kind co	Indepen		571
		SUBTOTAL Section S	This Page	32.44
		FOTAL of additional Secti	on S Pages	()
FOTAL OF ALL EX	PENSES INCURRED BY COMMITTEE DURI (Enter total on L	ING THIS PERIOD BUT I ine 28, Column A of Summary	NOT PAID Page Totals)	32.44
	Previously reported Exp	enses Unpaid and still Out	standing	0
	TOTAL OF ALL EXPENSES INCURRED (Enter total on Lin	D BY COMMITTEE BUT ne 28a, Column A of Summary	NOT PAID Page Totals)	32.44

NAME OF COMMI	TTEE (Provide Complete Name as Registered with Filing Re	nository)	Versionalistis.			TYDE OF E	CRORT	eng Kajergalan	faller agent alves.
D'Amato for Council					TYPE OF REPORT July 10 filing				
	T. Itemization of Re	eimbu	rsements	and Seco					
Last Name of Worker/C	Consultant		irst	and Sec.	muary 1	ayecs	МІ	I Date of	Payment to Vendor,
Fitz Gerald			<u> </u>	•			I WII	Person	or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant			70	n		1		0	3/03/15
						Payment reported	to Reimburse in Section P: eck # 100	Committee	Worker/Consultant
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant						Ø Ch	eck # / 0		ebit Card OEF
]			City					State	Zip Code
Purpose of Expenditure	Tarmington Ave		BRI	stel				CJ	06010
(by code)	Description			1	Event #				Amount
Office									
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Re None of the below Coordinated with reimbursement sought (joint Coordinated without reimbursement sought (in-	expendit	ure)	O Indep	" is checked,			35	5.08
Last Name of Worker/Co	onsultant	Fir	st				МІ	Date of F Person or	Payment to Vendor,
Name of Vandor Borner	Feli Pill G					•	-		,
value of vehicor, Ferson	or Entity Paid by Committee Worker/Consultant				,	Payment t	o Reimburse	Committee V	Worker/Consultant as
						Che		O Del	bit Card () EFT
Street Address of Vendor	Person or Entity Paid by Committee Worker/Consultant		City					State	Zip Code
			,						
Purpose of Expenditure (by code)	Description				Event #			· · · · · · · · · · · · · · · · · · ·	<u> </u>
,							1		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Req None of the below Coordinated with reimbursement sought (joint e Coordinated without reimbursement sought (in-k	xnenditu	re)	O Indep		O C	С о р		
Last Name of Worker/Cor	sultant	Firs	t				MI	Date of Pa	ayment to Vendor,
•		ĺ						Person or	Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant						Payment to	Reimburse C Section P:	Committee W	orker/Consultant as
Street Address of Vendor	Person or Entity Paid by Committee Worker/Consultant					O Chec	k#	O Deb	it Card OEFT
	Committee worker/Consultant		City					State	Zip Code
Purpose of Expenditure by code)	Description				Event #			A	Amount
Expenditure #									
f applicable)	Type of Expenditure (Itemization in Addendum T Requirement None of the below Coordinated with reimbursement sought (joint ex Coordinated without reimbursement sought (in-kit)	nenditure	.)	O Indepe		$\bigcirc_{B}\bigcirc$	C O D		
		St	BTOTAL :	Section T –	– This Pag	e	2		58
		TO 7	ΓAL of addi	tional Secti	on T Page	s		<u> </u>	<i>20</i>
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE						71		2
		,, OR	ALUNO Al	ID CONS	ULIANI	9	55	5,6	0
		- 1	•		•				